



# LOS ANGELES COUNTY COMMISSION ON HIV

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## JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES May 20, 2009

**Approved**  
**6/17/2009**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Whitney Engeran-Cordova, <i>Co-Chair</i>	Carrie Broadus	Miki Jackson	Elizabeth Escobeda	Julie Cross
Lee Kochems, <i>Co-Chair</i>	Ted Liso	David Rodas		Carolyn Echols-Watson
Kyle Baker	Ron Osario	Terry Smith		Jane Nachazel
Jeffrey Goodman	Chris Villa	Lambert Talley		Craig Vincent-Jones
Manuel Negrete	Kimberlee Woods			Nicole Werner
Kathy Watt				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Joint Public Policy (JPP) Committee Agenda, 5/20/2009
- 2) **Minutes:** Joint Public Policy (JPP) Committee Minutes, 4/15/2009
- 3) **Memorandum:** 2009 Joint Public Policy Issues Docket, Prevention Planning Committee Co-Chairs, 4/30/2009
- 4) **Presentation:** Health Care Reform Overview, 5/20/2009
- 5) **Presentation:** HIV Health Access Working Group, Health Care Reform Principles, 7/2009
- 6) **Legislation:** AB 861: County integrated health and human services, Assembly Member Ruskin, 2/26/2009
- 7) **Legislation:** AB 1397: Tissue donation, Assembly Member Hill, 2/27/2009
- 8) **Legislation:** AB 1045: HIV and AIDS Reporting, Assembly Member Perez, 2/27/2009
- 9) **Legislation:** S 700: Ending the Medicare Disability Waiting Period Act of 2009, Senator Bingaman, 3/25/2009
- 10) **Legislation:** HR 1708: Ending the Medicare Disability Waiting Period Act of 2009, Congressman Green, 3/25/2009
- 11) **Matrix:** Public Policy Issues Docket – 2009, 5/19/2009
- 12) **Brief:** 2009/2010 May Revise Summary, *ongoing*

1. **CALL TO ORDER:** Mr. Engeran-Cordova called the meeting to order at 2:00 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order, as amended to move Item 10 after Item 6 (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve 4/15/2009 JPP Committee meeting minutes, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMITTEE COMMENT, NON-AGENDIZED:** There were no comments.
6. **CO-CHAIRS' REPORT:** The 6/17/2009 JPP meeting was cancelled in lieu of the planned Commission/PPC meeting.
  - A. **HIV Prevention Planning Committee 2009 Joint Public Policy Docket:** Mr. Engeran-Cordova called attention to the docket which has been updated to include both Commission and PPC positions.
7. **HEALTH CARE REFORM:**
  - Ms. Cross presented an overview of the main proposals in the quickly developing discussion. Despite initial single payer discussion, the focus now is on reform of the current system including Medicaid, Medicare and insurance. Discussions pertain to HIV as changes now may affect how the HIV system functions after reform.

- Most proposals include maintenance of employer-linked options and a marketplace (exchange) of private options people could choose with required minimums. Some also want a public option, but others feel that would undercut private options.
- About 29% of the US population with HIV/AIDS and an estimated 20% of Californians with HIV/AIDS are uninsured and rely on Ryan White funded services. Reform would work to shift many, but not all, of the uninsured to Medicaid (Medi-Cal), Medicare or other forms of health insurance.
- The Economic Stimulus Package initiated health care support, but it is not all-inclusive. The HIV community needs to ensure discussions include HIV/AIDS healthcare needs. A great deal of the discussion currently focuses on smoking and obesity.
- The Baucus and Senate Finance Committee plans are two of many receiving attention, in addition to some key group plans:
  - a. Baucus Plan:
    - Extend Medicaid to all excepting the undocumented to 100% of Federal Poverty Level (FPL),
    - “Right Choices” health insurance for those at 101% to 200% FPL,
    - Eliminate the 24-month Medicare waiting period,
    - Some insurance purchase subsidies through an exchange for individuals and small businesses with a cap on out-of-pocket costs,
    - No mandatory minimum benefits are proposed.
  - b. Families USA and Pharma Plan:
    - Extend Medicaid regardless of age/health status to 133% FPL with a streamlined enrollment process,
    - Provide sliding scale insurance premium payment assistance,
    - Cap out-of-pocket costs to eliminate the risk of medical-related bankruptcy.
  - c. Senate Finance Committee Plan (5/14/2009):
    - Extend Medicaid to 150% FPL with enhancements,
    - Protections and elimination of categorical eligibility;
    - Eliminate the 24-month Medicare waiting period and establish coordination office for the dually eligible;
    - Create insurance exchange with standard benefit requirements and no benefit cap, the public insurance option is still being considered.
- Mr. Baker noted that the Obama administration has developed its eight principles, but not a plan.
- An Energy and Commerce Plan is expected soon. There is an aggressive timeline with a goal for the final proposal to be passed by the Senate in July or August 2009. No plans are expected to address undocumented immigrants.
- All proposals are expensive with the Obama administration estimating \$634 billion initially and \$1-1.5 trillion over ten years.
- Ms. Cross presented on reform principles for recommendation to the JPP Health Reform Work Group:
  - a. Medicare:
    - Eliminate 24-month waiting period for disabled adults;
    - Mandate HIV counseling/testing coverage;
    - Ensure Part D allows ADAP payments to count as TrOOP,
    - Continue formulary protections,
    - Eliminate/reduce burdensome prior authorization requirements,
    - Minimize/cap out-of-pocket costs,
    - Subsidize mandatory comprehensive Part D drug plan.
  - b. Medicaid:
    - Coverage to all below 200% FPL,
    - Enact state option for ETHA,
    - Establish mandatory comprehensive benefit package,
    - Establish federal contribution flexibility during economic crises,
    - Mandate HIV counseling/testing coverage
  - c. Insurance:
    - Universal access to affordable, comprehensive, quality plan;
    - Mandate HIV counseling/testing coverage.
- Ms. Cross stressed ETHA and Ryan White are kept as distinct benefits because current proposals do not include all the current services available for those with HIV/AIDS. Current proposals are adjustments to the current system leaving gaps such as ADAP covering up to 400% FPL while the highest Medicaid proposal is 150% FPL. Other concerns are immigrant care, continued incentives for innovation, data collection and mental health parity.
- There are California concerns about a lack of Medi-Cal providers and preparation of Ryan White providers to handle insurance. The latter is particularly important as current Ryan White services provide specialized HIV care and medications.

- California also has significant wrap-around services like assistance for out-of-pocket costs, support services, and transition care, e.g., for the post-incarcerated and those moving to California from other states.
  - Mr. Goodman said S 810 (previously S 640), single payer health care, has passed the Senate. Mr. Baker said it is on hold pending federal health care reform and state circumstances, including election of a new Governor who might sign it.
  - ➡ Ms. Cross will make the same basic presentation, along with information reviewing all proposed plans, to the Commission.
  - ➡ The JPP Health Care Reform work group will draft a Health Care Reform White Paper for Commission approval.
8. **RYAN WHITE EXTENSION:** Mr. Baker reported the key focus is now on health care reform. Mr. Vincent-Jones heard the guidance will be released in July as usual. Mr. Baker anticipated extension with little change assuming funding.
9. **LEGISLATIVE REVIEW AND STATES UPDATE:**
- A. **2009 Pending/ Postponed Legislation:**
- i. **AB 861: County integrated health and human services:** Ms. Echols-Watson provided information per JPP request. The California State Association of Counties and County Health Executives Association of California continue work with the California Department of Public Health on the bill to consolidate and streamline administration and contracting  
➡ Consensus: Watch.
  - ii. **AB 1397: Tissue donation:** Mr. Vincent-Jones noted JPP had requested more information since CD4 was originally connected. He talked with the author's office about this sperm-washing bill and there are no conflicts.  
➡ Consensus: Support; not prioritized.
  - iii. **S 700: Ending the Medicare Disability Waiting Period Act of 2009:** Ms. Cross reported this and the concurrent HR 1708 would phase out the 24-month waiting period over several years. A third bill ends it immediately, as preferred.  
➡ Consensus: Support; with recommendation to end the waiting period immediately.  
➡ Consensus: Support third bill, which ends waiting period immediately, as soon as available.
  - iv. **HR 1708: Ending the Medicare Disability Waiting Period Act of 2009:** See above.  
➡ Consensus: Support; with recommendation to end the waiting period immediately.
  - v. **SB 56: Health care:** Mr. Baker noted there have been amendments. He added the County does not plan to support it since the subject will be encompassed in health care reform.  
➡ Consensus: Change from Support to Watch.
  - vi. **SB 57: California Major Risk Medical Insurance Program (MRMIP):** The bill has failed passage in Senate Health Committee.
  - vii. **AB 217: Medi-Cal: alcohol and drug screening and brief intervention services:** Waiting for more information.  
➡ Consensus: Postpone.
  - viii. **AB 221: HIV testing: skin punctures:** Update: It has moved out of Assembly and is likely to be amended in the Senate.

Number	Title	Position
<b>STATE LEGISLATION</b>		
AB 217	Medi-Cal: alcohol and drug screening and brief intervention services	Postpone
AB 861	County integrated health and human services	Change position to Watch
AB 1397	Tissue donation	Support
SB 56	Health care	Change position to Watch
<b>FEDERAL LEGISLATION</b>		
S 700	Ending the Medicare Disability Waiting Period Act of 2009	Support*
HR 1708	Ending the Medicare Disability Waiting Period Act of 2009	Support*

\* With amendment to end the waiting period immediately.

10. **STATE BUDGET:**

A. **FY 2008-2009 Budget:** This item was incorporated in 10.B.

B. **FY 2010 Budget Process/ Timeline:**

- Ms. Cross presented a brief reviewing additional cuts proposed in the May Revise.
- A \$20 cut to Supplemental Security Income (SSI) is approved as of 7/1/2009 with a further \$20 cut proposed to take effect 9/1/2009. There was a previous cut on 5/1/2009. Cumulatively SSI will have dropped from \$907 to \$830.
- The Governor also proposes dropping the state contribution to the In-Home Supportive Services (IHSS) hourly rate to the minimum \$8.00 and restricting eligibility to the severe function level 4 which would exclude, e.g., severe fatigue. HIV services mirror IHSS through Medi-Cal HIV Waiver and Community Based Program (CMP). Over the last few

years fewer PWH have met Medi-Cal Waiver eligibility standards and came to rely on coordination of IHSS and Medi-Cal Waiver/CMP hours. Reducing IHSS services will put pressure on this coordination.

- Elimination of ten Medi-Cal optional services was approved effective 7/1/2009, but the California Primary Care Association filed suit to block the cuts. The Superior Court of Sacramento has set a 6/12/2009 hearing date.
- The Governor is seeking federal permission to cut Medi-Cal eligibility. The Stimulus Act bars states accepting Medicaid (Medi-Cal) funds from reducing eligibility below what was established prior to the of the Stimulus funds. In the January budget, the Governor had proposed eliminating the Aged and Disabled Medi-Cal Program which eliminates share-of-cost for those with low incomes. Elimination of the program would move several thousand PWH to a share-of-cost with premiums starting at \$500 per month.
- There is a proposal to reduce Medi-Cal coverage from full to emergency for some legal immigrants.
- The Governor hopes to reduce drug costs through a new purchasing mechanism. The proposal is not yet defined, but should be watched to ensure it would not require things like prior authorization. Another concern is that AIDS Drug Assistance Program (ADAP) rebates funds would go into the General Fund.
- Mr. Vincent-Jones noted State Treasurer Bill Lockyear said eliminating Denti-Cal and IHSS would cost the state money, but there seem to be no follow-up regarding this issue by the State. He asked about data, e.g., Maternal and Child Health was once saved due to data that the state saved \$7 for every \$1 spent.
- Ms. Watt emphasized cuts to substance abuse programs for the post-incarcerated will severely impact prevention.
- General Fund current contribution to prevention/education is about \$25 million. Some calls suggest \$6.4 million might be retained for administration. Remaining resources are the CDC Cooperative Agreement and Net County Cost (NCC).
- Most of Health Education/Risk Reduction and some Early Intervention and Bridge Programs are affected. About a third of OAPP resources would be cut, but so would other resources such as the Long Beach and Pasadena medical clinics.
- Mr. Baker felt, with the inevitability of some cuts, there should be discussion on how to maintain a continuum of care with what remains. Mr. Engeran-Cordova said such a conversation would be a new one that concedes the outcome.
- Ms. Watt said people have waited for the right time to initiate planning body collaboration, but we should lead that now. More are expected to need care/treatment services, but that number will mushroom without prevention. As a joint body, she suggested JPP initiate a Joint Commission/Prevention Planning Committee (PPC) meeting perhaps with co-chairs and an invitation to the State Office of AIDS (OA).
- Mr. Vincent-Jones stated data is the key in demonstrating prevention cost effectiveness to leaders. Ms. Watt reported speaking with Israel Holbraith about the California situation as they are the Urban Coalition on HIV/AIDS Prevention Services (UCHAPS) co-chairs, and we can request his assistance applying his data to California. Mr. Smith reported AIDS Project Los Angeles (APLA) and Center for HIV Identification and Prevention and Treatment Services (CHIPTS) had been working on data as well.
- ➡ Ms. Cross will update information to reflect post-election changes. It was noted only 13% of the County electorate voted.
- ➡ Plan Joint Commission/PPC meeting hosted by JPP on 6/18/2009, 9:00 am to 1:30 pm to:
  - 1) Educate on effect of cuts on system,
  - 2) Detail funding streams,
  - 3) Brainstorm on how to work jointly use resources most effectively.
- ➡ Invite Michelle Roland to the Joint Commission/PPC meeting.
- ➡ A work group will meet on 5/26/2009, 11:30 am to 1:30 pm, to plan the joint meeting agenda. Members of the work group are: Mr. Baker, Mr. Engeran-Cordova, Mr. Kochems, Mr. Smith, Mr. Talley and Ms. Watt. The PPC Co-Chairs and Ms. Broadus will be invited. Mr. Goodman is available if needed. Suggestions included:
  - 1) Contingency drills like those done by OA such as administrative and provider staffing efficiencies,
  - 2) Expanding substance abuse scopes of work to include prevention; and
  - 3) How best to maximize the \$177 million in the ADAP rebate savings fund, by replacing ADAP with other services in the budget then backfilling ADAP with rebate savings.

11. **FEDERAL BUDGET:** This item was postponed.

12. **PUBLIC BENEFITS:** This item was postponed.

13. **HIV SURVEILLANCE:** This item was postponed.

14. **HIV/ STD CONTROL IN THE ADULT FILM INDUSTRY:** This item was postponed.

15. **PREVENTION:** This item was postponed.

16. **CORRECTIONS:** This item was postponed.

17. **WORK PLAN:** This item was postponed.

18. **ANNOUNCEMENTS:**

- ➡ Mr. Vincent-Jones said the Corrections Work Group was re-activating. He has met with Karen Dalton and another tour of the K6G unit is being coordinated in response to Commissioner requests.

19. **ADJOURNMENT:** The meeting was adjourned at 4:15 pm.